

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE INDEPENDENCE 30 SCHOOL DISTRICT
For the Provision of
Transportation For IEP Services**

STATEMENT OF PURPOSE

This agreement between The Missouri Department of Social Services (DSS) and the Independence 30 School District (hereafter referred to as "school district") concerns the administration of transportation for children eligible for Title XIX (Medicaid) to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid reimbursement for administration of transportation (to and from school, or to and from a service provided off school grounds or both) may be made when all of the following conditions are met:

- a. The child is eligible for Medicaid on the date the transportation is provided;
- b. The child receives a service covered by Medicaid and the service is provided as a result of the child's IEP or IFSP; and
- c. The IEP/IFSP specifies the need for transportation and contains at least one of the following determinations:

(1) An IEP/IFSP team has determined and documented the student to be unable to independently perform at an age-appropriate level one or more of the following functions associated with transportation to/from school or other site at which the Medicaid-covered service is provided:

- arrive to the site normally used by children of similar chronological age to board transportation; or
- board and be seated in the transportation vehicle for the trip; or
- disembark from the transportation vehicle; or
- following delivery of the Medicaid-covered service, reboard the transportation vehicle, be seated, disembark at the appropriate location and return home; or

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- (2) An IEP/FSP team has determined and documented the presence of a specialized medical need which may or may not accompany the functional limitation described in 1; or
- (3) An IEP/FSP team has determined and documented the requirement that the student must be attended by an aide during transportation.

II RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the School District the Title XIX federal share of actual and reasonable costs established for administration of medically necessary transportation provided by the school district. Reimbursement, for transportation costs related to the provision of therapy services provided on the school site is based upon that portion of the actual cost of transportation that relates directly to the time required to provide a therapy service in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95. Reimbursement for transportation cost related to the provision of therapy services provided off the school site is based on the actual cost of transportation necessary to transport the student to or from, or to and from a Medicaid-covered service. Administrative costs will be reimbursed for those activities associated with the resources necessary to schedule transportation, document activities associated with the resources necessary to schedule transportation, document transportation services and verify Medicaid eligibility. The rate of reimbursement for eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%).
2. Provide the School District access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School District.
4. Provide written instructions, technical assistance, and necessary consultation to staff of the School District regarding the responsibilities assumed within the terms of this agreement.

The School District agrees to:

1. The School District will provide professional, technical, and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation.
2. Provide as requested by the Division of Medical Services, the information necessary to request federal funds. Request for FFP will be submitted on the standard form together with a billing statement. These documents will be certified by the superintendent of the school district.

new page 2
95-42

TN No. 95-42

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3. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement.
4. Certify to DSS the provisions of the non-federal share for transportation services via completion of DMS "Certification of General Revenue" form.
5. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the School District.
6. Consult with the Division of Medical Services on issues arising out of this agreement. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
7. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
8. Submit administrative claims on a quarterly basis in a format approved by DMS.
9. Meet or consult with DSS to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation.
10. Use reimbursement received, as a result of this agreement, to maintain or expand non-emergency medical transportation services for Missouri Medicaid eligible individuals. Reimbursement received, as a result of this agreement, shall not be used to reduce the amount allowed for non-emergency medical transportation of Missouri Medicaid eligible individuals.

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V
TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall begin July 1, 1995. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

9/27/95

Date

Donna Checkett, Director
Division of Medical Services

9/27/95

Date



Authorized School Representative

8/29/95

Date

SUPERINTENDENT

Title

School District of Independence

School District Name

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07/01/95

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE MARYVILLE R-II SCHOOL DISTRICT
For the Provision of
Transportation For IEP Services**

**I
STATEMENT OF PURPOSE**

This agreement between The Missouri Department of Social Services (DSS) and the Maryville R-II School District (hereafter referred to as "school district") concerns the administration of transportation for children eligible for Title XIX (Medicaid) to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid reimbursement for administration of transportation (to and from school, or to and from a service provided off school grounds or both) may be made when all of the following conditions are met:

- a. The child is eligible for Medicaid on the date the transportation is provided;
- b. The child receives a service covered by Medicaid and the service is provided as a result of the child's IEP or IFSP; and
- c. The IEP/IFSP specifies the need for transportation and contains at least one of the following determinations:

(1) An IEP/IFSP team has determined and documented the student to be unable to independently perform at an age-appropriate level one or more of the following functions associated with transportation to/from school or other site at which the Medicaid-covered service is provided:

- arrive to the site normally used by children of similar chronological age to board transportation; or
- board and be seated in the transportation vehicle for the trip; or
- disembark from the transportation vehicle; or
- following delivery of the Medicaid-covered service, reboard the transportation vehicle, be seated, disembark at the appropriate location and return home; or

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- (2) An IEP/FSP team has determined an documented the presence of a specialized medical need with may or may not accompany the functional limitation described in 1; or
- (3) An IEP/FSP team has determined and documented the requirement that the student must be attended by an aide during transportation.

II RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the School District the Title XIX federal share of actual and reasonable costs established for administration of medically necessary transportation provided by the school district. Reimbursement, for transportation costs related to the provision of therapy services provided on the school site is based upon that portion of the actual cost of transportation that relates directly to the time required to provide a therapy service in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95. Reimbursement for transportation cost related to the provision of therapy services provided off the school site is based on the actual cost of transportation necessary to transport the student to or from, or to and from a Medicaid-covered service. Administrative costs will be reimbursed for those activities associated with the resources necessary to schedule transportation, document activities associated with the resources necessary to schedule transportation, document transportation services and verify Medicaid eligibility. The rate of reimbursement for eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%).
2. Provide the School District access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School District.
4. Provide written instructions, technical assistance, and necessary consultation to staff of the School District regarding the responsibilities assumed within the terms of this agreement.

The School District agrees to:

1. The School District will provide professional, technical, and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation.
2. Provide as requested by the Division of Medical Services, the information necessary to request federal funds. Request for FFP will be submitted on the standard form together with a billing statement. These documents will be certified by the superintendent of the school district.

new page 2
95-42


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3. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement.
4. Certify to DSS the provisions of the non-federal share for transportation services via completion of DMS "Certification of General Revenue" form.
5. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the School District.
6. Consult with the Division of Medical Services on issues arising out of this agreement. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
7. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
8. Submit administrative claims on a quarterly basis in a format approved by DMS.
9. Meet or consult with DSS to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation.
10. Use reimbursement received, as a result of this agreement, to maintain or expand non-emergency medical transportation services for Missouri Medicaid eligible individuals. Reimbursement received, as a result of this agreement, shall not be used to reduce the amount allowed for non-emergency medical transportation of Missouri Medicaid eligible individuals.

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V

TERMS OF THIS AGREEMENT


The period of this Cooperative Agreement shall begin ^{July 1, 1995} ~~April 1, 1995~~. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.


 Gary J. Stangler, Director
 Department of Social Services

9/27/95
 Date


 Donna Checkett, Director
 Division of Medical Services

9/27/95
 Date


 Authorized School Representative

09-08-95
 Date

Superintendent
 Title

Maryville R II
 School District Name

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04/01/95

**COOPERATIVE AGREEMENT BETWEEN
THE MISSOURI DEPARTMENT OF SOCIAL SERVICES
Division of Medical Services
AND
THE MISSOURI DEPARTMENT OF HEALTH
Division of Maternal, Child and Family Health**

NON-EMERGENCY MEDICAL TRANSPORTATION ADMINISTRATION

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS), Division of Medical Services (DMS) in cooperation with the Department of Health, Bureau of Special Health Care Needs (DOH/BSHCN), in order to provide the most efficient and effective administration of the Medicaid Non-emergency Transportation Program hereby agree to the conditions included in this Cooperative Agreement. The provision of EPSDT Administration by the Bureau of Special Health Care Needs has been determined to be an effective method of coordinating services and improving care associated with providing identified services beyond the scope of the state plan which are medically necessary and Medicaid coverable services.

The Department of Social Services, Division of Medical Services, recognizes the unique relationship that the Bureau of Special Health Care Needs has with the medical community, and its expertise in case management, care plan development, service coordination, case planning, service identification and monitoring. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with DOH for non-emergency transportation administration including Prior Authorization of services and technical assistance within the limits of this agreement. This cooperative agreement will assure the most efficient and cost effective medically necessary non-emergency medical transportation (NEMT) services for Missouri Medicaid eligible individuals who have no access to transportation resources.

The Department of Social Services, Division of Medical Services, recognizes the Bureau of Special Health Care Needs as the most suitable agency to administer transportation coordination functions for a large segment of the Medicaid eligible population because of their knowledge of existing resources and their experience in linking children and adults with needed medical and support services.

The Department of Social Services and the Department of Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective Departments which are currently included in the Title XIX State Plan.

**II
MUTUAL OBJECTIVES**

1. Research, develop, establish and maintain data that will serve as a basis for referral of Medicaid recipients to non-emergency medical transportation resources.
2. Notify Medicaid eligible recipients of the availability of non-emergency medical transportation resources in the state.
3. Arrange for most cost effective (including free) means of NEMT appropriate for levels of service required by Medicaid eligible individuals.
4. Assist individuals in accessing NEMT services to Medicaid scheduled appointments through referrals, as appropriate.
5. Administer the NEMT program in accordance with applicable State and Federal regulations.

**III
RESPECTIVE RESPONSIBILITIES**

DSS agrees to:

1. Reimburse DOH the Title XIX federal share of actual and reasonable costs for NEMT Administration provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95; expense and equipment costs (costs include ordinary supplies, travel, and the cost of maintaining offices, such as utilities) necessary to collect data, disseminate information, and carry out the staff functions outlined in this agreement. DOH staff involved with direct program activity maintain an activity report showing the distribution of all of their daily activities. This 100% time report is used to distribute costs to the various program activities. Indirect costs are distributed to those programs in accordance with the approved rates as negotiated with the Department of Health and Human Services, Division of Cost Allocation (DHHS-DCA). The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching

TN # 96-27

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percentage, and/or costs eligible for enhanced or administrative match, which becomes effective subsequent to the execution of this agreement will be applied as provided in the regulations. The reimbursement of the federal share shall be provided upon receipt of the quarterly financial statement certified by the Department of Health for eligible claims prepared in accordance with applicable federal regulations.

2. Reimburse DOH the Title XIX federal share of actual and reasonable costs for research services provided by staff based upon a time-accounting system; expense and equipment costs, necessary administrative (including CPU costs) to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
3. Reimburse DOH the Title XIX federal share of actual and reasonable costs incurred from DSS/DDP for this provision of data necessary for the coordination, identification and effective case planning for the target population. The DOH will reimburse the DSS-DDP for these services and will include these costs, as appropriate, in its claim under the NEMT program.
4. Provide to DOH access to the information necessary to properly provide NEMT administration.
5. Provide technical assistance to DOH in the development of screening and authorization procedures and protocols necessary for NEMT administration.
6. Enter into agreements with qualified NEMT service providers and agencies for the purpose of providing NEMT services for Medicaid eligible individuals.
7. Meet and consult on a regular basis, at least quarterly, with DOH on issues related to this agreement.
8. Provide training regarding those NEMT administrative functions and perform quality assurance reviews.

DOH/BSHCN agrees to:

1. Employ all necessary and appropriate administrative and support staff.
2. Recognize and accept as their own, the commitment of the DSS, DMS to provide referral to the least costly appropriate NEMT services.
3. Provide linkage of data systems for coordination, identification and effective case planning for NEMT services. The goal of this linkage is to monitor utilization, access and evaluation of program integrity.
4. Provide NEMT Administration as an agent for the Department of Social Services to assess the necessity for NEMT services. Activities include:
 - A. Assist DSS in the establishment of a NEMT resource directory for the purpose of referrals for NEMT services.
 - B. Advise Medicaid eligible recipients of the availability of non-emergency medical transportation resources in the state.
 - C. Receive requests from Medicaid recipients in need of NEMT services.
 - D. Screen requests for NEMT services and refer clients to the least costly appropriate NEMT service.
 - E. When appropriate, prior authorize NEMT requests to be paid through the Medicaid program funded by appropriation to DMS. Such approvals will be based on DSS/DMS guidelines.
 - F. Identify and refer potential NEMT providers to DSS/DMS.
 - G. Refer individual to least costly appropriate medically necessary transportation services. When appropriate, assist recipient by contacting provider of medical services to schedule treatment to coincide with available NEMT services.
5. Maintain the confidentiality of client records and eligibility information received from DSS/DMS and use that information only in the administration of, technical assistance of and coordination of activities authorized under this agreement.

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